



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
DIVISION OF CONTRACT COMPLIANCE
2800 BERLIN TURNPIKE, P. O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

DISADVANTAGED BUSINESS ENTERPRISE INTAKE FORM

Instructions: In order to initiate the filing of an application for certification as a Disadvantaged Business Enterprise (DBE), please provide the information requested below. Return the completed form by mail to: Ms. Shari Pratt at the above Post Office address; by Fax to: Ms. Pratt @ 860-594-3016; or by e-mail attachment to: Shari.Pratt@po.state.ct.us. Any questions may be directed by telephone to Ms. Pratt at 860-594-2171.

Name of Firm: _____

Owner's Name & Title: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

e-mail Address: _____ URL Address: _____

Has this business been in existence for profit for a year or more? ____ Yes ____ No.

Date Business Established: _____, 199__ ; # of Years in Business: _____

Date of Present Ownership: _____, 199__ ; Length of Present Ownership _____

Is the business certified in your home State*? ____ Yes ____ No

*The Connecticut Department of Transportation requires a firm from a State other than Connecticut be certified by its home State's Department of Transportation or the certification Agency for its State's Transportation Department. A copy of your current letter of certification must accompany this intake form prior to a certification application being sent to you.

Small Business Administration 8(a) certified? ____ Yes ____ No

A copy of your 8a letter of certification must accompany this intake form prior to a certification application being sent to you.

Date Certified: _____ Expiration Date: _____

Business Structure: () Sole Proprietorship () Partnership () Corporation () LLC () Joint Venture () OTHER

Type of Business: () Contractor; () Consultant; () Supplier; () Manufacturer; () Service Firm;

WORK PERFORMED:

OWNER INFORMATION () Minority Owned; () Women Owned; () Socially & Economically Disadvantaged

<u>Name(s)</u>	<u>Sex</u>	<u>Ethnic Background**</u>	<u>% of Ownership</u>	<u>Job Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

** BL/AM = Black American; HI/AM = Hispanic American; NA = Native American; AP/AM = Asian-Pacific American; SA/AM = Subcontinent Asian American